

TRANSMITTAL FORM

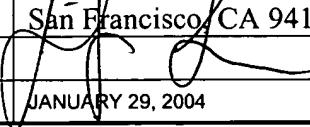
(to be used for all correspondence after initial filing)

Application No.	09/663,069
Filing Date	15 Sept 2000
First Named Inventor	Varatharajah
Examiner Name	S. Chang
Group Art Unit	3625
Attorney Docket No.	A-69227/RMA/JML

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group		
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
Additional Claims \$86				
Extension of Time (1 month) \$110				
Total \$196				
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter		
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> ■CHECK #301005 (\$196)		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> ■RETURN POSTCARD		
<input type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449	<input type="checkbox"/> CD, No. of CD(s) _____			
<input type="checkbox"/> Certified Copy of Priority Document(s)				
<input type="checkbox"/> Express Abandonment Request				
AMENDMENT FEE CALCULATION				
EXTRA CLAIM FEES				
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee	Additional Fee
Total 17	- 20 =	0	x	=
Indep. 4	- 3 =	1	x 86	= 86
First Presentation of Multiple	Dependent Claim	x	=	
			Total	\$86

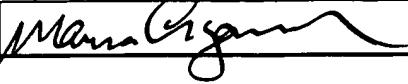
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for R. Michael Ananian, Reg. No. 35,050 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco CA 94111	Telephone: 415 781 1989 Fax: 415 398 3249
Signature		
Date	JANUARY 29, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450, on this date:

JANUARY 29, 2004

Typed or printed name	MARIA CIGANOVICH	Signature 
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